

Memo

TO: CCS VT Regional Office: Lori Poirier RN, Regional Manager; Michael Rapaport, MD, Regional Medical Director; Jordan Myerson, RN,BSN, Regional Director of Nursing

CC: CCS VT Regional Office Directors; HSA's; Providers; AA's

VT DOC: Lisa Menard, Deputy Commissioner; Trudee Ettlinger PhD, Chief Nursing Officer; Meredith Larson, PsyD, Chief of Mental Health; Marc Bilodeau, Quality Assurance Administrator

FROM: Delores Burroughs-Biron, MSN MD, Health Services Director, VT DOC

RE: Changes in Initial and Periodic Health Maintenance Visits

DATE: April 14, 2014

Effective May 15th the scheduling of initial and periodic health maintenance visits will change. The contract as written allows scheduling of periodic health visits in a manner that is consistent with best community and correctional practices. The current approach to annual assessments does not allow flexibility in age and risk based health maintenance scheduling. It also creates additional work with minimal yield.

We encourage adoption of these schedules but also ask that you bear in mind that the corrections *population* by definition may have greater disease burden for a variety of reasons and may participate in risky behaviors more frequently. Schedules cannot substitute for careful history taking, decision making, clinical judgment and care-planning based on the *individual's* needs.

Initial and Periodic Health Maintenance visit objectives remain the same and are as follows:

1. Obtain an initial or interval health, mental health and substance use history
2. Perform an age-appropriate physical exam
3. Provide preventive screening and counseling
4. Update immunizations

Please use the following documents upon which these schedules are based

1. Adult Periodic Health Examination Guidelines – 2011-courtesy of Community Health Network of Massachusetts
2. The Guide for Preventive Clinical Services- 2012; United States Preventive Services Task Force (USPSTF)

HSAs at each site will work with the CCS Regional Office to determine the **single** best scheduling, tracking and reporting tool to put this change into place **at all sites**. Additional information will follow in a new report called on the Weekly Detainee Report (see attached sample).

The revised schedule is as follows

Age	Intake	Females	Frequency	Risk identified
18-21	See below	Also See APHG	yearly	Adjust accordingly
22-29		Also See APHG	Q 3 years	Adjust accordingly
30-39		Also See APHG	Q 2 years	Adjust accordingly
40-49		Also See APHG	Q 2 years	Adjust accordingly
50-above		Also See APHG	yearly	Adjust accordingly

Determination of Schedule of Initial and Interval Health Maintenance Visits

Current	Initial H&P	Annual Health Assessment	Interval Health History	CIC
Intake (new to system)	all	ALL	N/A	prn
Intake (known)	Exempt if out < 90 days	ALL	MD review of Nursing intake and medical record; sign off on previous H & P	prn
Detainee (as above)		ALL	As above	prn
Sentenced (as above)		ALL	As above	prn
Intra system transfers (KY, AZ etc.)	All	ALL		prn

May 15				
Intake-new to system	All	See schedule	***All	No change
Intake previous stay	*Exempt if out - 180 days and PE UTD	Age/risk based-see attached		prn
Detainee	* *Stay >= 5 days	See schedule	See below	Prn
Sentenced	*As above new or previous	See schedule	See below	Prn
Intra-System Transfers	*Review record if UTD defer	See schedule	See below	Prn

1. *All incoming inmates for whom the H and P is being deferred (out \leq 180 days; intra-system transfer and H&P UTD) **must** have a review of medical records with update of all immunizations and their problem list/ patient profile; if the individual is due for a CIC (none within the past 90 days) it should be done as a scheduled visit within 7 days of intake or transfer.
 - Chronic Disease (example medication) acute or emergent needs should be referred to the provider promptly
 - Inmates with CD returning to VDOC within 90 days should be scheduled for their next CIC visit following the review
2. **Detainees- HSAs will be provided by VDOC HSD with a **twice** weekly (Monday and Friday) report that indicates this legal status (detainee) and number of days in custody from which the decision regarding scheduling of initial H & P s can be determined. Anyone remaining in custody beyond **5** days **must** be scheduled for a provider intake assessment/review. In the interim the Nursing assessment should be reviewed by the provider with attention paid to and treatment given appropriately for any acute or chronic medical needs of the patient.
3. *** **Interval Health check-in** visit- these will be **population** based and occur at the time of the annual Influenza vaccination Clinic. For those inmates who do not require annual Health Maintenance or CIC visits this will be an opportunity for medical staff to check in with them- they will be weighed, VS will be obtained and TB symptom checks will be performed. All information will be documented in their health record. They will be offered a Flu shot.
 - Inmates who are seen regularly for CIC or who have had an initial or periodic Health Assessment within the preceding 6 months will be offered the Flu shot and have VS checked.